

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529490

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8	1		1			
9	1		1			
10		2		1		
11		2		1		
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13		2		1		
14		2		1		
15	1		1			
16	1		1			
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50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	15	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						